

***WV SMALL BUSINESS DEVELOPMENT
MICRO-BUSINESS LOAN APPLICATION***

***WV SMALL BUSINESS DEVELOPMENT CENTER
1900 KANAWHA BLVD. EAST
CAPITOL COMPLEX
BUILDING 6 ROOM 652
CHARLESTON, WV 25305***

***304-558-2960
304-558-0127
888-982-7232***

WV SBDC MICRO-BUSINESS LOAN PROGRAM

1. GENERAL INFORMATION

DATE: _____ COUNTY: _____

COMPANY NAME:

ADDRESS:

(STREET/PO BOX) CITY STATE ZIP

PHONE: _____ FAX: _____

CONTACT PERSON:

NAME POSITION

EMAIL ADDRESS: _____ TAX ID: _____
(FEIN / SSN)

DATE ESTABLISHED: _____
_____ NEW BUSINESS
_____ EXISTING BUSINESS

TYPE OF BUSINESS:

ORGANIZATIONAL STRUCTURE:
___ CORPORATION ___ S CORPORATION ___ PARTNERSHIP
___ PROPRIETORSHIP ___ LLC

NUMBER OF EMPLOYEES:
CURRENT: FULL TIME _____ PART TIME _____
ONE YEAR AFTER LOAN: FULL TIME _____ PART TIME _____

2. PROJECT FINANCING:
AMOUNT OF LOAN FUNDS REQUESTED: _____

Estimated Project Costs	SBDC Micro Loan +	Borrower Funds =	Total
Machinery & Equipment			
Working Capital			
Inventory			
Other Expenses (Please list. Use additional sheet).			
Total Project Cost			

COLLATERAL:

Type	Year Acquired	Original Cost	Market Value	Lien Amount	Lien Holder

FINANCIAL INFORMATION

PRIMARY BANK:

Name: _____
 Address: _____
 Phone: _____

EXISTING BUSINESS DEBTS:

Creditor (Include Address and Phone Number)	Payment Amount	Current Balance

OTHER BUSINESS INFORMATION:

Please circle "yes" or "no" for each. If yes, please explain on an attached sheet.

- | | | |
|--|-----|----|
| 1. Are you, or the business currently involved in any litigation or other legal claims? | Yes | No |
| 2. Has the business or any principal ever declared bankruptcy? | Yes | No |
| 3. Are any taxes currently past due by the business or any principals? | Yes | No |
| 4. Is business or any major owner liable as guarantor or endorser for any debts not shown above? | Yes | No |

3. BUSINESS EXPERIENCE / REFERENCES

PRIOR BUSINESS EDUCATION AND/OR EXPERIENCE:

Describe any formal business education and/or experience that you have. OR, provide information on business training that you will be taking. MICRO LOAN PROGRAM GUIDELINES REQUIRE THAT LOAN APPLICANTS HAVE OR RECEIVE BUSINESS TRAINING (i.e. Financial, Business Management, Marketing, etc.).

PLEASE PROVIDE AT LEAST THREE BUSINESS REFERENCES, INCLUDING ADDRESS AND PHONE NUMBER:

1.	_____	_____	_____
	name	address	phone
2.	_____	_____	_____
	name	address	phone
3.	_____	_____	_____
	name	address	phone

CHECKLIST FOR ATTACHMENTS:

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE FORWARDED TO THE LOAN REVIEW COMMITTEE FOR REVIEW. THEY WILL BE RETURNED TO YOU.

	ITEM	ATTACHED? YES / NO / NA
1.	Application Fee. (Payable to the Intermediary Lender)	
2.	Copy of Credit Report on all Principles of Company. Exhibit A	
3.	Business Plan, which includes cash flow projections for one full year after funding, qualifications of owners, industry comparisons, and marketing plan. Exhibit B	
4.	Copy of required licenses (business, and any licenses required by the applicants industry). Exhibit C	
5.	Completed SBA FORM 413 (3-00) –PERSONAL FINANCIAL STATEMENT for all owners, partners, and majority stockholders owning more than 20% of company’s stock. Exhibit D	
6.	Management Resumes for each owner. Exhibit E	
7.	Pro Forma Income Statement. 2 yrs. With explanations Exhibit F	
8.	Personal Tax Returns. 3 yrs. –completed for each owner. Exhibit G	
9.	Copy of Workers Compensation Certificate, if applicable. Exhibit H	
10.	Copy of Property and Hazard Insurance Policy (ies), if available. Exhibit I.	
11.	Support documentation such as letters of intent, contracts, legal descriptions, patent or pending patents, copies of leases, feasibility studies, etc. ATTACH AS APPROPRIATE Exhibit J.	

The undersigned certifies that he/she is the _____ of the applicant business applying for financing from _____ (Micro Loan Intermediary Lender), that he/she is familiar with the records of the borrower(s) and contents of this application, that he/she is authorized to submit and sign the application. The information contained in this application, including all exhibits, is to the best knowledge of the undersigned, complete and accurate and represents fairly the condition of the applicant and projects accurately its intended operations for the period set forth in this application. It is understood that any false statement will be considered as cause for possible disqualification of the loan. The _____ (Micro Loan Intermediary Lender), is hereby authorized to conduct any investigation on the borrower(s) personal history and/or credit and financial records.

APPLICANT SIGNATURE: _____ DATE

CO-APPLICANT SIGNATURE: _____ DATE

WV SBDC REPRESENTATIVE: _____ DATE